



# Aviation Management



## INTERAGENCY HELICOPTER PILOT QUALIFICATIONS AND APPROVAL RECORD

Contract No. \_\_\_\_\_

Rental Agreement No. \_\_\_\_\_

Name	Last	First	MI	Date of Birth	Home Telephone
Home Address		City		State	Zip Code
Employed By		Address		Telephone	Employed Since
Previous Employer		Address		Telephone	Period Employed
Previous Employer		Address		Telephone	Period Employed
Medical Certificate:		Airman Certificate		Date Last AMD/USFS Card Approval: _____	
Class _____ Date _____		Number _____ ATP _____ COM _____		Date Last AMD/USFS Checkride: _____	
Limitations _____		Ratings _____		Inspector's Name _____	

	Hours	
Pilot-In-Command		FAR 135 Flight Check (Attach copies or complete statement on reverse)
Helicopter		If AMD. USFS card has ever been denied, suspended, or revoked explain below.
Turbine Engine		Aircraft Accident/FAA Violations filed within the last 5 Years. No ____ Yes ____ (Explain Below)
Helicopter PIC		
Reciprocating Engine		
Helicopter PIC		
PIC Helicopter		
Last 12 Months		
Weight Class: under 6,000		
over 6,000		
Night PIC		
Offshore PIC		

Make/Model/Series				
Total Time PIC				
Time Last 12 mos. PIC				
Time Last 60 Days PIC				
Time Last 30 days PIC				
Mountain Terrain PIC				

I certify that the information listed on this form is true and correct. In addition, I certify that I have read the statement on the back of this form covering information pursuant to Public law 93-579 (Privacy Act of 1974).

Date	Signature of Pilot			
Duty Approved For: (Inspectors Shall Initial)	For Inspector's Use Only			
_____ Sling Operations (1)	_____ Wild Fowl Hazing (6B)	_____ Hoversite (9C)		
_____ Fire Suppression/Helitack (2A)	_____ Reconnaissance/Surveillance (6D)	_____ Rappel (9D)		
_____ Helitanker/Bucket (2B)	_____ Platform Landing, Offshore (7)	_____ Instrument (11)		
_____ Snow Operations (Deep Snow) (4)	_____ Helitorch/Aerial Ignition (8)	_____ Long Line--Remote Hook (12)		
_____ Float Operations (Fixed Flt) (5)	_____ Mountain Flying (9A)	_____ Night Vision Goggles (13)		
_____ Animal Herding (6A)	_____ USGS/BOM Special Experience (9B)	_____ Other		
Type Aircraft Approved:	Inspector's Signature	Agency	Date	Expiration Date

Remarks:
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## **STATEMENT OF COMPETENCY**

I certify that \_\_\_\_\_ has successfully completed the following proficiency  
**(Pilot Name)**

checks and meets all FAR 135 requirements for this company:

### **135.293 a&b**

#### **HELICOPTER**

Date _____	Type Helicopter _____	Check Pilot _____	FAA (Office) or Company _____
Date _____	Type Helicopter _____	Check Pilot _____	FAA (Office) or Company _____
Date _____	Type Helicopter _____	Check Pilot _____	FAA (Office) or Company _____

### **Line/Route Check (135.299)**

Date _____	Type A/C _____	Check Pilot _____	FAA (Office) or Company _____
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### **Single Pilot IFR with Autopilot (135.297g)**

Date _____	Type A/C _____	Check Pilot _____	FAA (Office) or Company _____
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SIGNED: \_\_\_\_\_  
(Chief Pilot or Manager)

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

### PRIVACY ACT NOTICE

GENERAL - - This information provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for inclusion in a system of records.

AUTHORITY - - The authority to collect the information on the attached form is contained in 5 USC 552A.

PURPOSE AND USE - - This information, along with data you may have supplied previously, and information developed by investigation will be for use by such as:

1. To determine your pilot qualifications to comply with contract specifications.
2. Transfer to the U.S. Department of Justice in the event of litigation.
3. Transfer, in the event there is indicated violation or potential violation of a statute, regulation, whether civil, criminal, or regulatory in nature, to the appropriate agency or agencies, whether federal, state, local, or foreign, charged with the responsibility of investigation or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, order, or license violated or potentially violated.